PTO/SB/21 (09-04) JUN 2 9 2005 Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/425,992 Filing Date TRANSMITTAL October 21, 1999 First Named Inventor **FORM** Kevin R. Meier Art Unit 2671 Examiner Name Nguyen, P. (to be used for all correspondence after initial filing) Attorney Docket Number SPTV-01038US0 Total Number of Pages in This Submission

FNCLOSURES (Check all that apply)							
	Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  nformation Disclosure Statement	ENCLOSURES (Check all that apply)  After Allowance Communication to TC  Drawing(s)  Licensing-related Papers  Petition  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Post Card (see below)					
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1		Remarks  Exhibits A-D of the Reply include copies of the following previously filed documents:  Information Disclosure Statement dated 10/21/1999; Postcard showing receipt of IDS dated 10/21/1999; Information Disclosure Statement dated 2/8/2001; and					
Postcard showing receipt of IDS dated 2/8/2001.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  Vierra Magen Marcus Harmon & DeNiro LLP							
Signature	iem						
Printed name David E. Cromer							
Date	June 27, 20	Reg. No. 54,768					
CERTIFICATE OF TRANSMISSION/MAILING							

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Fifective on 12/08/2004.	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE espond to a collection of information unless it displays a valid OMB control number  Complete if Known						
Fees are uant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 09/425,992						
FEE TRANSMITTAL	iling Date	October 21, 1999					
For FY 2005	irst Named Inventor	Kevin R. Meier					
	xaminer Name	Nguyen, P.					
Applicant claims small entity status. See 37 CFR 1.27	rt Unit	2671					
TOTAL AMOUNT OF PAYMENT (\$) 450.00	ttorney Docket No.	SPTV-01038US0					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify): Vierra Magen Marcus							
	Deposit Account N	ame: <u>Harmon &amp; DeNi</u>	iro LL P				
For the above-identified deposit account, the Director is hereby	y authorized to: (check	all that apply)					
Charge fee(s) indicated below	Charge fee(s)	indicated below, exc	ept for the filing fee				
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information and authorization on PTO-2038. FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Small Entity S Application Type Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)				
Utility 300 150 500	Fee (\$) Fee 250 200						
Design 200 100 100	50 130						
Plant 200 100 300	150 160		-				
Reissue 300 150 500	250 600						
Provisional 200 100 0	200						
Provisional         200         100         0         0         0							
Each claim over 20 (including Reissues)		50	25				
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims Extra Claims Fee (\$) Fee Pa	Multiple Dep Fee (\$)	endent Claims Fee Paid (\$)					
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- 20 or HP = x 50 = 0  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Pai  - 3 or HP = x 200 = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper	eid (\$)						
- 20 or HP = x 50 = 0  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Pai  - 3 or HP = x 200 = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE	e (excluding electron ue is \$250 (\$125 fo						

SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·
Signature	Holy Cum	Registration No. (Attorney/Agent) 54,768	Telephone 415-369-9660
Name (Print/Type)	David E. Cromer	-	Date Time 27 2005

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (2 mo.)

4. OTHER FEE(S)

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